CITY OF NORTH MIAMI

DATE/TIME REC'D: WATER ON OR OFF:			OLD ACCT.: NEW ACCT. NO.:	
NAME:				
SERVICE ADDR	Egg.			
SOCIAL SECURITY #:			TEL. NO:	
MAILING ADDF (If different from service address)	RESS:			
DRIVER'S LICENSE NO.:			NUMBER OF BATHS:	
DATE SERVICE IS TO BEGIN:			OCCUPATIONAL LICENSE #:	
CHECK ONE:	I am (1) _	Renting the building.	TYPE OF BUSINESS:	
	(2) _	The owner of the building.	E-MAIL:	
NOTE:		cked, please provide the following		
	Name of Owner	;		
	Mailing Address Of Owner:			
	Telephone:			
*	I am aware that an additional deposit will be required if my water is turned off for nonpayment or a returned check			
*	I am aware that it is the policy of the City Council not to consider or grant any after-the-fact variance of the City of North Miami building and zoning requirements for any construction or installation work which is done without a City of North Miami Building Permit in violation of such requirements, unless the unlawful construction or installation is first removed at the owner's expense.			
	ESTAE POLIC AS EST	BLISHED BY THE CITY O IES OF THE NORTH MIAI	LES AND REGULATIONS RDINANCES AND OFFICE MI WATER DEPARTMENT ENDED. I HAVE BEEN IN- NG BALANCES DUE.	
			Signature	
		FOR FINANCE	USE ONLY	
CITY FOLIO NO./LIENS:				
PREVIOUS BAL.: + FINAL BILL			SERVICE CHARGES PD:	
TAKEN BY:			TURN ON DATE:	
FINAL SERVICE ORDER #:			T/ON SERVICE ORDER #:	